

12 Eastern Cape Province

Buffalo City Metropolitan Municipality

Naomi Massyn

Buffalo City in the Eastern Cape was demarcated as a new metropolitan (metro) area and thus a separate health district in 2011 (with the Amathole Health District being split). The metro has an estimated medical scheme coverage of 14.7%.^a

The proportion of district health services expenditure on district management increased from 2.9% in 2011/12 to 4.6% in 2012/13, but was below the provincial average of 7.2%. The proportion of total district expenditure on primary health care (PHC) was 72.0%. The percentage expenditure on district hospital services was 23.4%, significantly below the provincial average of 40.2%.

The PHC supervisor visit rate (fixed clinic/CHC/CDC) decreased from 82.3% in 2011/12 to 75.0% and was below the national average of 76.0%.

The inpatient bed utilisation rate decreased from 72.9% in 2009/10 to 68.2%; however, it was above both the provincial (62.1%) rate. The average length of stay of 6.3 days was the longest in the province. The expenditure per patient day equivalent was R1 890 and above the provincial (R1 730) and the national (R1 823) averages. The ratio of ambulatory to inpatient days was 1.1. The OPD new client not referred rate more than doubled over three years to 63.4%, similar to the national (64.1%) rate. This indicates that a high percentage of clients bypass the PHC facilities and access the district hospitals directly.

The delivery by Caesarean section rate was 21.3%, an increase from the 18.8% of the previous year. The delivery in facility under 18 years rate was the lowest in the province at 6.4%. The facility maternal mortality ratio increased from 164.2 per 100 000 live births in 2011/12 to 196.9 and was the highest in the province. The stillbirth in facility rate was 22.1 per 1 000 births – just above the national rate of 21.8 per 1 000 births. At 14.0 per 1 000 live births, the inpatient early neonatal death rate was below the national rate of 10.2 per 1 000 live births.

The antenatal 1st visit before 20 weeks rate was 38.3%; this rate has increased annually since 2008/09 when it was 26.3%, and it was still below the national rate of 44.0%. The 2011 National Antenatal Sero-prevalence Survey shows an increase in the HIV prevalence among antenatal clients tested, from 33.1% in 2011 to 34.1% in 2012. The antenatal client initiated on antiretroviral therapy (ART) rate was 69.3%, well below the national rate of 81.6%.

Data from the National Health Laboratory Services (NHLS) showed that the early infant HIV diagnosis coverage was 57.0% and was the second lowest in the province. The infant 1st PCR test positive around 6 weeks rate (DHIS data) at 2.3% was higher than the proportion of PCR tests HIV positive for infants under two months of age (NHLS data) of 1.6%.

The immunisation coverage under 1 year was 104.3%, exceeding 100%, and may be due to poor data quality or an underestimation of the under-1 population. At 12.3%, the measles 1st to 2nd dose drop-out rate was well below the provincial rate of 18.5% and the national rate of 17.0%.

At 16.0 episodes per 1 000 children, the child under 5 years diarrhoea with dehydration incidence was the highest in the province. The child under 5 years diarrhoea case fatality rate was 2.8%, well below the national rate of 4.3%. The child under 5 years pneumonia incidence at 76.9 cases per 1 000 children was also the highest in the province and above the national (66.8 per 1 000) incidence. The child under 5 years pneumonia case fatality rate was 1.4%, much lower than both the provincial (4.4%) and the national (3.8%) rates. At 3.6 cases per 1 000 children, the child under 5 years severe acute malnutrition incidence was the second lowest in the province and below the national incidence of 4.4, whilst the child under 5 years severe acute malnutrition case fatality rate was 10.7% but below the national rate of 12.7%. The vitamin A coverage 12 to 59 months was 39.7%.

The cervical cancer screening coverage decreased from 34.9% in 2011/12 to 30.8% and was well below the national coverage of 55.4%. The couple year protection rate remained stable at 25.7% but was below the national rate of 37.8%.

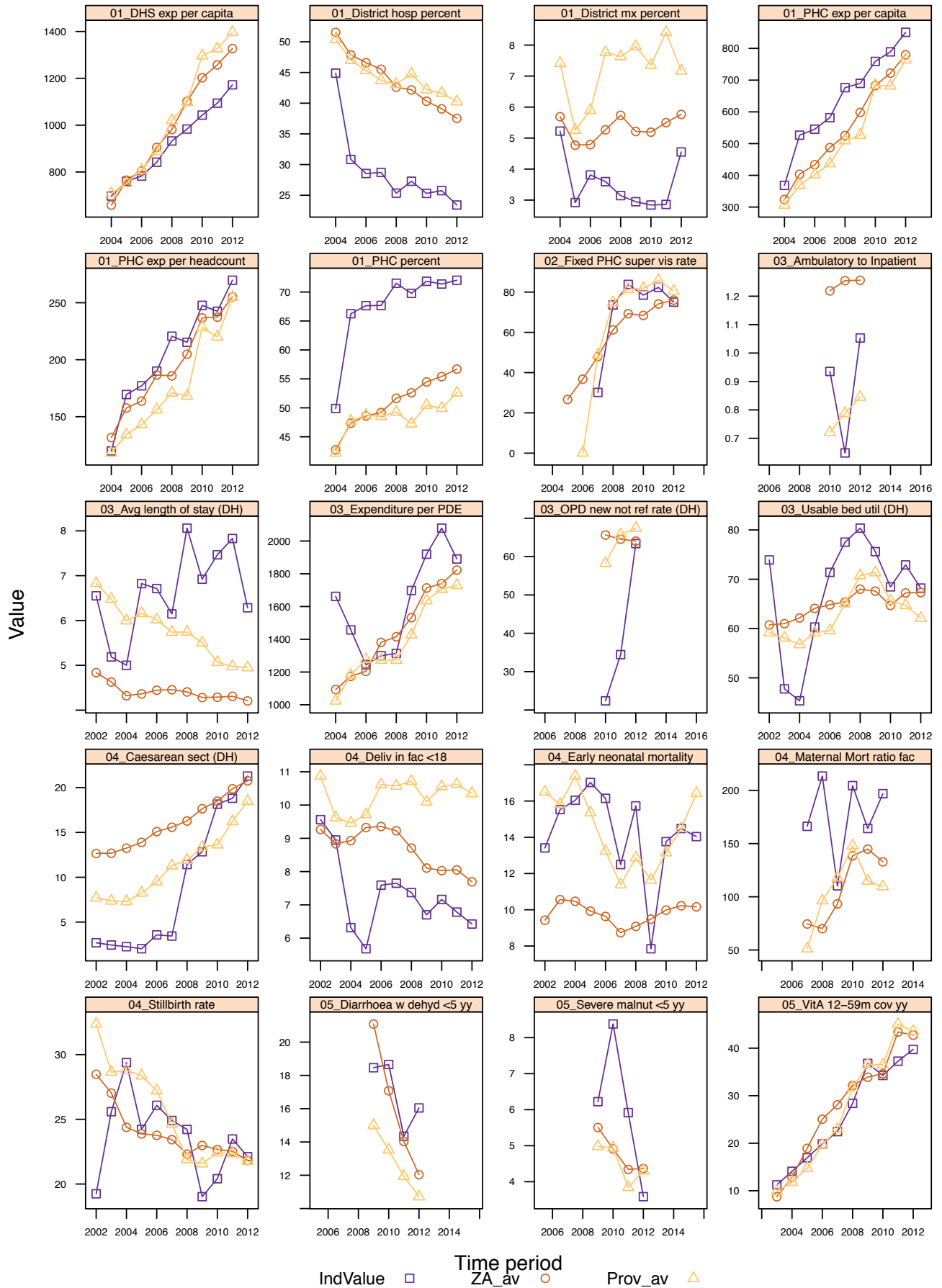
The TB incidence (all cases) was 781.2 per 100 000 people. This was well below the provincial incidence of 831.7, but above the national incidence of 687.3 per 100 000 people. The TB case finding index was 3.3%. The number of cases diagnosed with TB (new pulmonary smear-positive) increased from 2 653 in 2011 to 2 758, resulting in a TB incidence (new pulmonary smear-positive) of 344.2 per 100 000 people. This was well above the national incidence of 235.7. The TB cure rate (new pulmonary smear-positive) was 55.4%, the lowest rate in the province, and the TB (new pulmonary smear-positive) defaulter rate was 11.7% and well above the national rate of 6.1%. The TB treatment success rate (all TB) was 70.5%.

At 8.9 condoms per male 15 years and older, the male condom distribution coverage was the lowest in the province and the sixth lowest in the country. The total number of adults remaining on ART at end of the month increased from 23 973 at

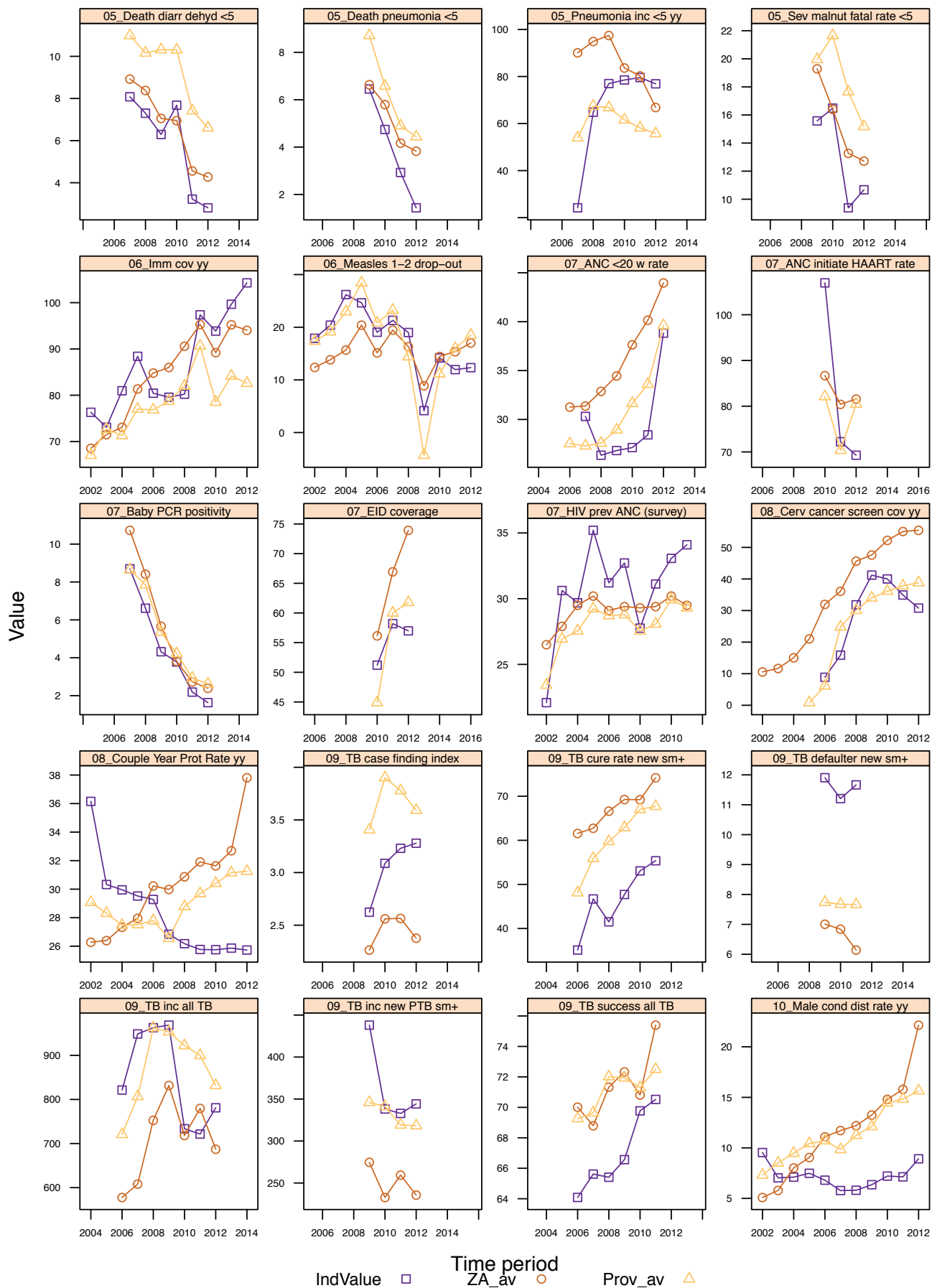
^a There has been no new source of information on medical scheme coverage since the new demarcation, and this coverage was estimated using the metro/non-metro and socio-economic quintile distribution of beneficiaries in other districts to redistribute the beneficiaries to the new boundaries.

the end of 2011/12 to 25 623 by the end of 2012/13. The total number of children under 15 years remaining on ART at end of the month also increased from 1 519 to 1 923 in the same period.

Annual indicators for district: Buffalo City: BUF



Annual indicators for district: Buffalo City: BUF



Cacadu District Municipality

Naomi Massyn

Cacadu District in the Eastern Cape has an estimated medical scheme coverage of 14.6%.

The proportion of district health services expenditure on district management dropped by almost five percentage points from 15.1% in 2011/12 to 10.6% in 2012/13. However, it was still above the provincial average of 7.2%. The proportion of total district expenditure on primary health care (PHC) increased significantly from 32.6% to 40.1% in the same period. The percentage expenditure on district hospital services was 49.3%.

At 88.0%, the PHC supervisor visit rate (fixed clinic/CHC/CDC) was the best in the province and well above the national average of 76.0%.

The inpatient bed utilisation rate was 62.6% and below the national (67.3%) rate. The average length of stay has remained stable at 3.6 days for the past three years. The expenditure per patient day equivalent was R1 790, and this was above the provincial average of R1 730 but below the national average of R1 823. The ratio of ambulatory to inpatient days was 0.8, which means that more clients are admitted to hospital than are seen at the emergency unit/OPD clinics. The OPD new client not referred rate was 72.4%, and is above the national (64.1%) rate. This indicates that a large proportion of patients bypass PHC facilities and are seen at emergency units and/or the outpatient departments of district hospitals.

The delivery by Caesarean section rate increased annually from 14.8% in 2008/09 to 27.7%, and was the second highest in the province. It was also well above the national rate of 20.8%. The delivery in facility under 18 years rate was 7.7% and on par with the national rate of 7.7%. The facility maternal mortality ratio increased drastically from 47.1 per 100 000 live births in 2011/12 to 173.3 per 100 000 live births. This was the second highest in the province and well above the national ratio of 132.9 per 100 000 live births. The stillbirth in facility rate was also the second highest in the province at 22.9 per 1 000 births, and increased from 20.3 per 1 000 births in 2011/12 to be above the national rate of 21.8 per 1 000 births. However, at 5.0 per 1 000 live births, the inpatient early neonatal death rate was the lowest in the province and well below the national rate of 10.2 per 1 000 live births.

The antenatal 1st visit before 20 weeks rate of 56.9% was the highest in the province and well above the national rate of 44.0%. The 2011 National Antenatal Sero-prevalence Survey shows an increase of five percentage points in the HIV prevalence among antenatal clients tested from 20.7% in 2010 to 25.8% in 2011, with a fairly wide range of uncertainty and fluctuations year-on-year. However, it was still the lowest in the province. The equivalent District Health Information System (DHIS) indicator (ANC HIV prevalence in facility) was between these values and ranged between 21.2% and 22.1% from 2010/11 to 2012/13. The antenatal client initiated on ART rate was 74.5% and was below the national rate of 81.6%.

Data from the National Health Laboratory Services (NHLS) showed that the early infant HIV diagnosis coverage was 75.4%. The infant 1st PCR test positive around 6 weeks rate (DHIS data) of 4.7% was more than double the proportion of PCR tests HIV positive for infants under two months of age (NHLS data) of 2.1%.

The immunisation coverage under 1 year was 88.0%, higher than the provincial coverage of 82.6%. At 11.9%, the measles 1st to 2nd dose drop-out rate was the lowest in the province.

The child under 5 years diarrhoea with dehydration incidence increased from 7.7 episodes per 1 000 children in 2011/12 to 9.5 episodes per 1 000 children in 2012/13. The child under 5 years diarrhoea case fatality rate at 2.0% was the lowest in the province and well below the national rate of 4.3%. The child under 5 years pneumonia incidence increased from 56.5 cases per 1 000 children in 2011/12 to 67.0 and this was in line with the national incidence of 66.8 cases per 1 000 children. The child under 5 years pneumonia case fatality rate was 1.0%, also the lowest rate in the province and below the national rate of 3.8%, whilst the child under 5 years severe acute malnutrition incidence of 8.3 cases per 1 000 children was the highest in the province. The child under 5 years severe acute malnutrition case fatality rate was 4.0%, and was the lowest child death rate in the province and well below the national rate of 12.7%. The vitamin A coverage 12 to 59 months of 51.8% was the highest in the province and above the national coverage of 42.8%.

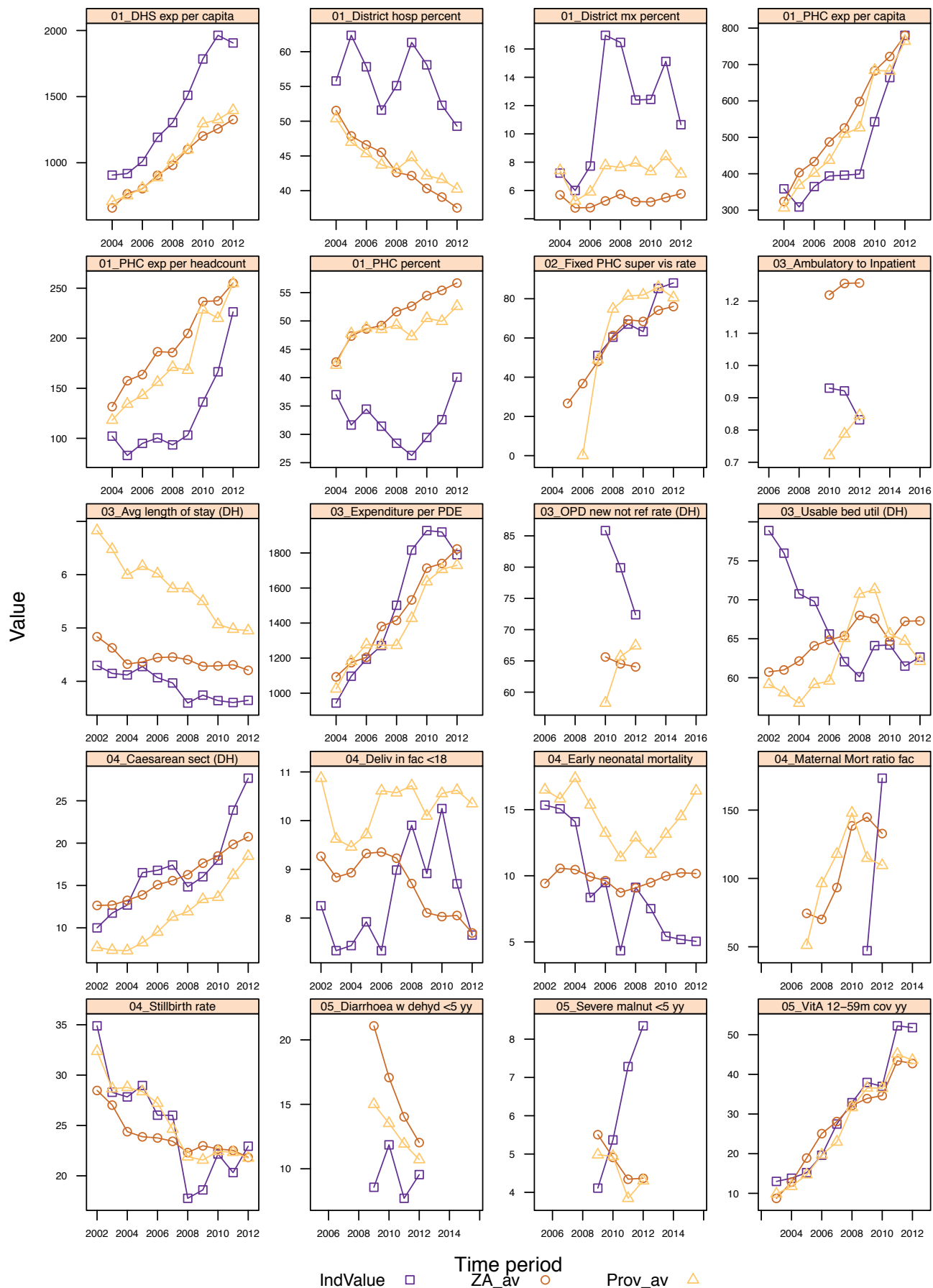
The cervical cancer screening coverage was 31.0% and the couple year protection rate was 40.7%.

The TB incidence (all cases) of 1 029.2 per 100 000 people was the highest in the province, the third highest nationally, and well above the provincial and national averages of 831.7 and 687.3 per 100 000 respectively. The TB case finding index was 3.4%. The number of cases diagnosed with TB (new pulmonary smear-positive) decreased from 1 915 in 2011 to 1 782, resulting in a decrease of the TB incidence (new pulmonary smear-positive) from 433.6 per 100 000 people in 2011 to 400.3. It was well above the national incidence of 235.7. The TB (new pulmonary smear-positive) cure rate decreased from 78.6% in 2010 to 75.1% in 2011. However, the TB (new pulmonary smear-positive) defaulter rate also dropped from 9.0% to 7.6% in the same period but was above the national rate of 6.1%. The TB new client treatment success rate increased from 73.8% in 2010 to 76.7% in 2011.

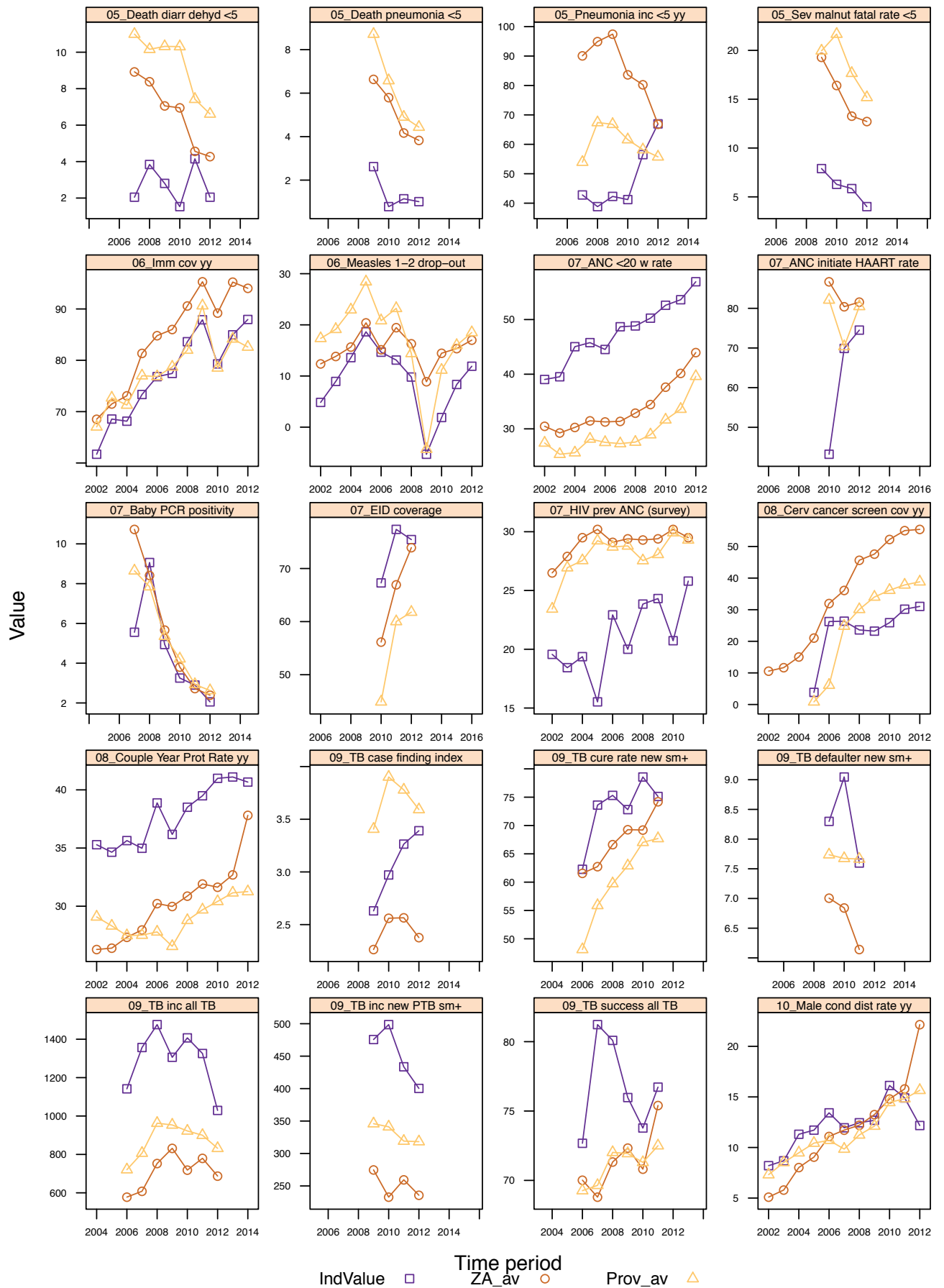
The male condom distribution coverage decreased from 14.9 condoms per male 15 years and older in 2011/12 to 12.2 condoms, far below the national coverage of 22.1 condoms. The total number of adults remaining on ART at end of the

month increased from 9 330 at the end of 2011/12 to 12 583 by the end of 2012/13, and the total number of the children under 15 years remaining on ART at end of the month also increased from 848 to 1 009 in the same period.

Annual indicators for district: Cacadu: DC10



Annual indicators for district: **Cacadu: DC10**



Amathole District Municipality

Naomi Massyn

Amathole District in the Eastern Cape has an estimated medical scheme coverage of 8.7%.

The proportion of district health services expenditure on district management decreased from 8.0% in 2011/12 to 6.9% in 2012/13, just below the provincial average of 7.2%. The proportion of total district expenditure on primary health care (PHC) increased from 48.6% to 50.6% in the same period. The percentage expenditure on district hospital services was 42.5%.

At 83.1%, the PHC supervisor visit rate (fixed clinic/CHC/CDC) was well above the national average of 76.0%. However, the rate decreased from 91% in 2011/12.

The inpatient bed utilisation rate has decreased annually over the past three years, from 79.7% in 2009/10 to 59.5% in 2012/13, below the provincial (62.1%) and national (67.3%) rates. The average length of stay was 5.5 days. At R1 695, the expenditure per patient day equivalent was below the provincial (R1 730) and the national (R1 823) averages. The ratio of ambulatory to inpatient days was 0.7. This indicates that more patients are admitted as inpatients than are seen at the emergency units and/or the outpatient departments. The OPD new client not referred rate was 74.6%. This was well above the provincial (67.4%) and national (64.1%) rates, and indicates that a high proportion of patients seen at the emergency units and/or the outpatient departments are bypassing PHC facilities and accessing district hospitals directly.

The delivery by Caesarean section rate was 13.2%, an increase from the 10.8% of the previous year. The delivery in facility under 18 years rate remained stable at 11.8% and well above the national rate of 7.7%. The facility maternal mortality ratio decreased from 97.5 per 100 000 live births in 2011/12 to 18.6 per 100 000 live births in 2012/13 and was the lowest in the province and eighth lowest nationally. The stillbirth in facility rate was 18.2 per 1 000 births, below the national rate of 21.8 per 1 000 births. At 10.7 per 1 000 live births, the inpatient early neonatal death rate was above the national rate of 10.2 but below the provincial rate of 16.4 per 1 000 live births.

The antenatal 1st visit before 20 weeks rate was 37.7% and has increased annually since 2007/08 when it was 23.4%, but is still below the national rate of 44.0%. The 2011 National Antenatal Sero-prevalence Survey shows a decrease in the HIV prevalence among antenatal clients, from 30.2% in 2010 to 28.4% in 2011. The antenatal client initiated on ART rate was 61.9%, and was well below the national rate of 81.6%.

Data from the National Health Laboratory Services (NHLS) showed that the early infant HIV diagnosis coverage was 79.2% and was the second highest in the province. The infant 1st PCR test positive around 6 weeks rate (DHIS data) at 3.2% was higher than the proportion of PCR tests HIV positive for infants under two months of age (NHLS data) of 2.5%.

The immunisation coverage under 1 year dropped from 82.1% in 2011/12 to 80.7%, and was below the provincial (82.6%) and national (94%) values. At 17.6%, the measles 1st to 2nd dose drop-out rate was below the provincial rate of 18.5%.

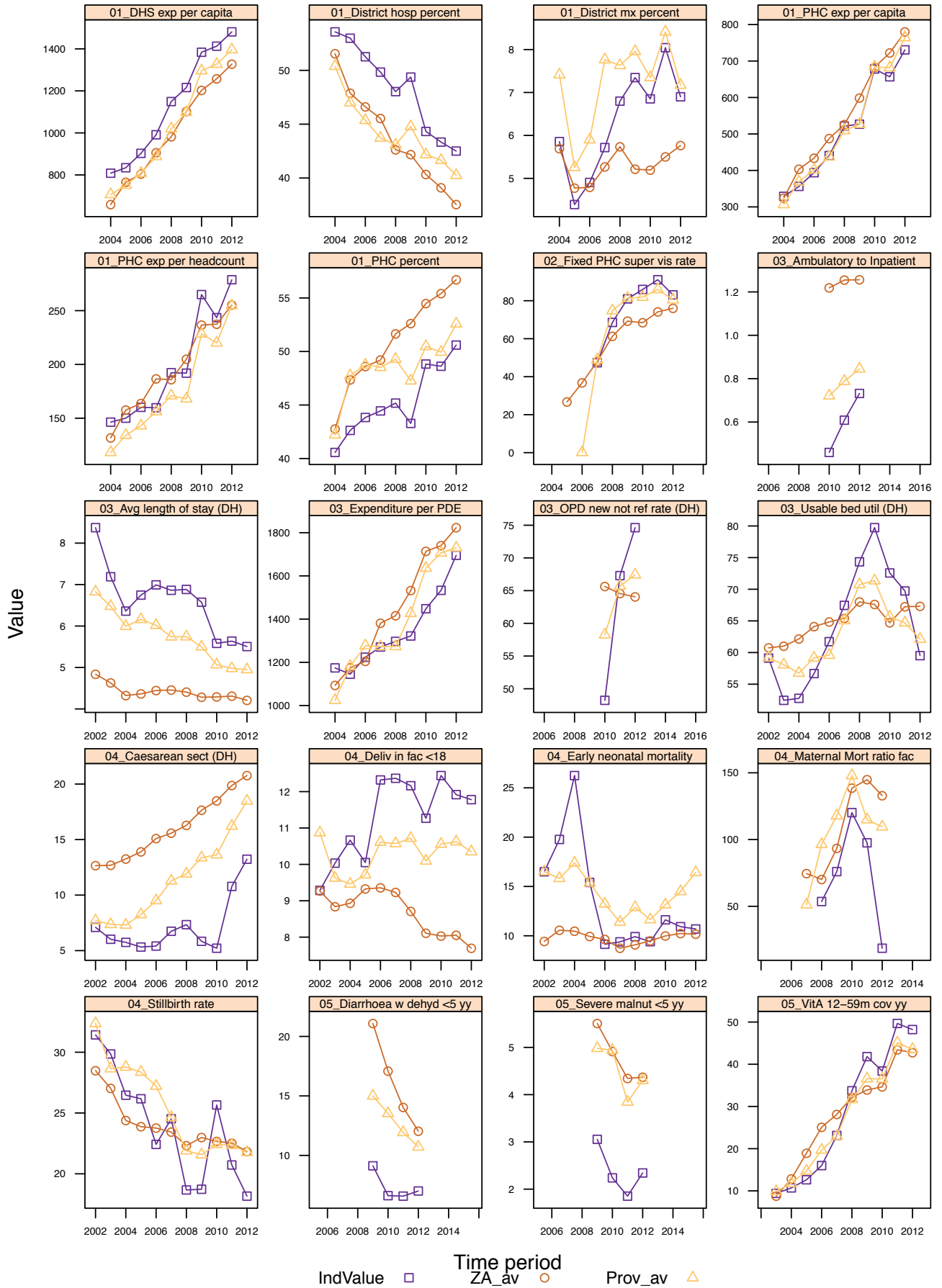
The child under 5 years diarrhoea with dehydration incidence was 7.0 episodes per 1 000 children and the lowest in the province. The child under 5 years diarrhoea case fatality rates increased from 6.9% in 2011/12 to 8.6%, the second highest in the province and double the national rate of 4.3%. The child under 5 years pneumonia incidence decreased from 46.5 cases per 1 000 children to 43.3, ranking as the lowest in the province and below the national (66.8 per 1 000 children) incidence. The child under 5 years pneumonia case fatality rate increased from 3.9% in 2011/12 to 6.6%, higher than both the provincial (4.4%) the national (3.8%) rates. At 2.3 cases per 1 000 children, the child under 5 years severe acute malnutrition incidence was the lowest in the province and well below the national incidence of 4.4. The child under 5 years severe acute malnutrition case fatality rate was 18.1%. This was the second highest in the province and among the 10 highest in the country. However, this rate has dropped annually from 25.3% in 2010/11. The vitamin A coverage 12 to 59 months was 48.2%.

The cervical cancer screening coverage remained stable at 37.2% and was below the national coverage of 55.4%. The couple year protection rate of 29.2% was also below the national rate of 37.8%.

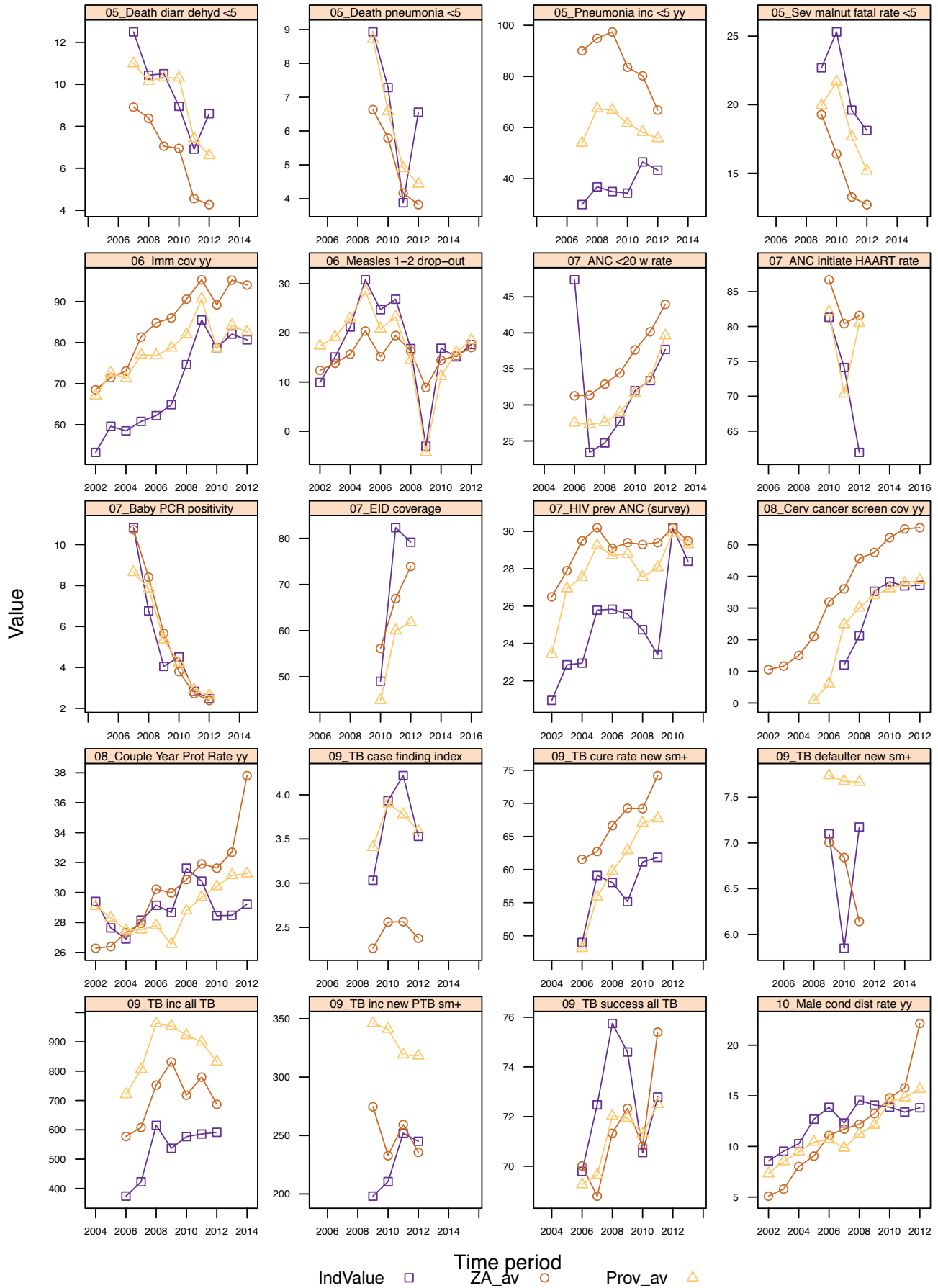
The TB incidence (all cases) was 591.5 per 100 000 people. This was well below the provincial and national averages of 831.7 and 687.3 per 100 000 people respectively. The TB case finding index was 3.5%. The number of cases diagnosed with TB (new pulmonary smear-positive) decreased from 2 521 in 2011 to 2 440, resulting in a TB incidence (new pulmonary smear-positive) of 245.1 per 100 000 people. This was the lowest in the province but above the national incidence of 235.7. The TB (new pulmonary smear-positive) cure rate was 61.8%, the second lowest rate in the province. The new TB (new pulmonary smear-positive) defaulter rate was 7.2% and above the national rate of 6.1%, and the TB treatment success rate (all TB) was 72.8%.

The male condom distribution coverage remained stable at 13.8 condoms per male 15 years and older. This coverage was, however, still below the national average of 22.1 condoms. The total number of adults remaining on ART at end of the month increased from 22 180 at the end of 2011/12 to 27 975 by the end of 2012/13. The total number of children under 15 years remaining on ART at end of the month also increased from 1 606 to 1 985 in the same period.

Annual indicators for district: Amathole: DC12



Annual indicators for district: Amathole: DC12



Chris Hani District Municipality

Naomi Massyn

Chris Hani District in the Eastern Cape has an estimated medical scheme coverage of 5.9%.

The proportion of district health services expenditure on district management decreased from 10.7% in 2011/12 to 8.5% in 2012/13. However, it was still above the provincial average of 7.2%. The proportion of total district expenditure on PHC increased from 45.1% to 48.3% in the same period. The percentage expenditure on district hospital services was 43.1%.

At 76.6%, the PHC supervisor visit rate (fixed clinic/CHC/CDC) was in line with the national average of 76.0%.

At 59.2%, the inpatient bed utilisation rate was the lowest in the province and well below the national (67.3%) rate. The average length of stay remained stable at 4.5 days. The expenditure per patient day equivalent of R1 594 was below the provincial (R1 730) and the national (R1 823) averages. The ratio of ambulatory to inpatient days was 0.9, and indicates that more patients are admitted as inpatients than are seen at the emergency units and/or the outpatient departments. The OPD new client not referred rate was 78.0%, the highest in the province and well above the national (64.1%) rate. This indicates that a large proportion of patients seen at the emergency units and/or the outpatient departments are bypassing PHC facilities and accessing district hospitals directly.

The delivery by Caesarean section rate was 13.9%, the third lowest in the province. The delivery in facility under 18 years rate remained stable at 10.5% and as such, above the national rate of 7.7%. The facility maternal mortality ratio increased from 118.8 per 100 000 live births to 162.3 per 100 000 live births. The stillbirth in facility rate was 20.5 per 1 000 births, and was slightly below the national rate of 21.8 per 1 000 births. At 10.2 per 1 000 live births, the inpatient early neonatal death rate was on par with the national rate of 10.2 per 1 000 live births.

The antenatal 1st visit before 20 weeks rate was 52.1% and was the second highest in the province and well above the national rate of 44.0%. The 2011 National Antenatal Sero-prevalence Survey showed a slight decrease in the HIV prevalence among antenatal clients tested from 30.1% in 2010 to 29.5% in 2011, but no clear trend is evident. The antenatal client initiated on ART rate of 92.6% was the second highest in the province and well above the national rate of 81.6%.

Data from the National Health Laboratory Services (NHLS) showed that the early infant HIV diagnosis coverage was 67.0% and increased from the 64.8% in 2011/12. The infant 1st PCR test positive around 6 weeks rate (DHIS data) of 2.6% was in line with the proportion of PCR tests HIV positive for infants under two months of age (NHLS data) of 2.5%.

The immunisation coverage under 1 year was 96.0% and the measles 1st to 2nd dose drop-out rate was 14.8%.

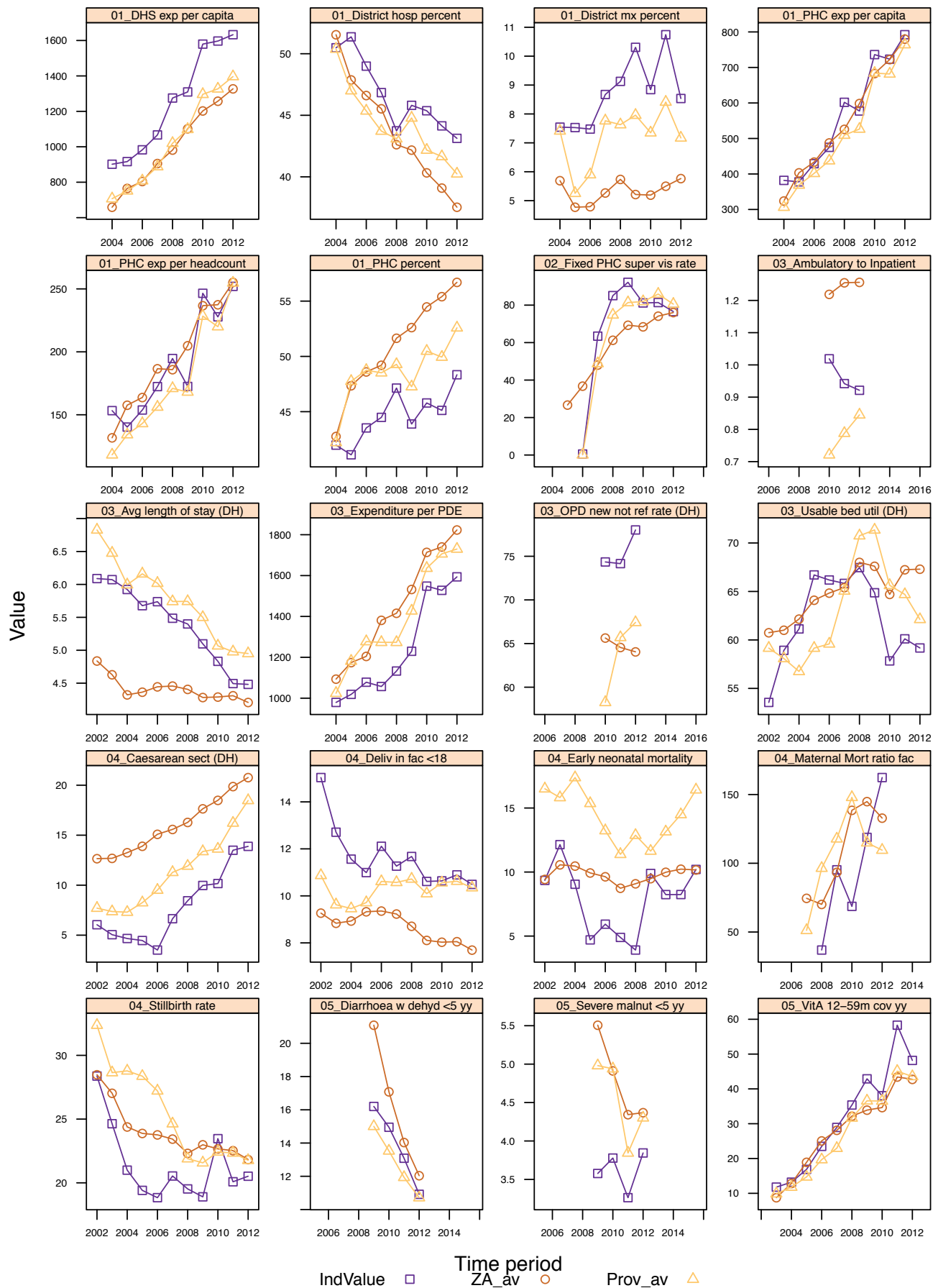
The child under 5 years diarrhoea with dehydration incidence was 10.9 episodes per 1 000 children, and the child under 5 years diarrhoea case fatality rate was 5.3%, slightly higher than the national rate of 4.3%. The child under 5 years pneumonia incidence decreased slightly from 75.5 cases per 1 000 children in 2011/12 to 73.0; this was the second highest in the province and above the national (66.8 per 1 000) incidence. The child under 5 years pneumonia case fatality rate was 4.0%. The child under 5 years severe acute malnutrition incidence was 3.8 cases per 1 000 children, and the child under 5 years severe acute malnutrition case fatality rate was 17.0%. This was well above the national rate of 12.7%. The vitamin A coverage 12 to 59 months was 48.2%.

The cervical cancer screening coverage of 64.8% was the highest in the province. The couple year protection rate has increased over the past two years due to increases in condom distribution, and was 40.7% in 2012/13, just above the national rate of 37.8%.

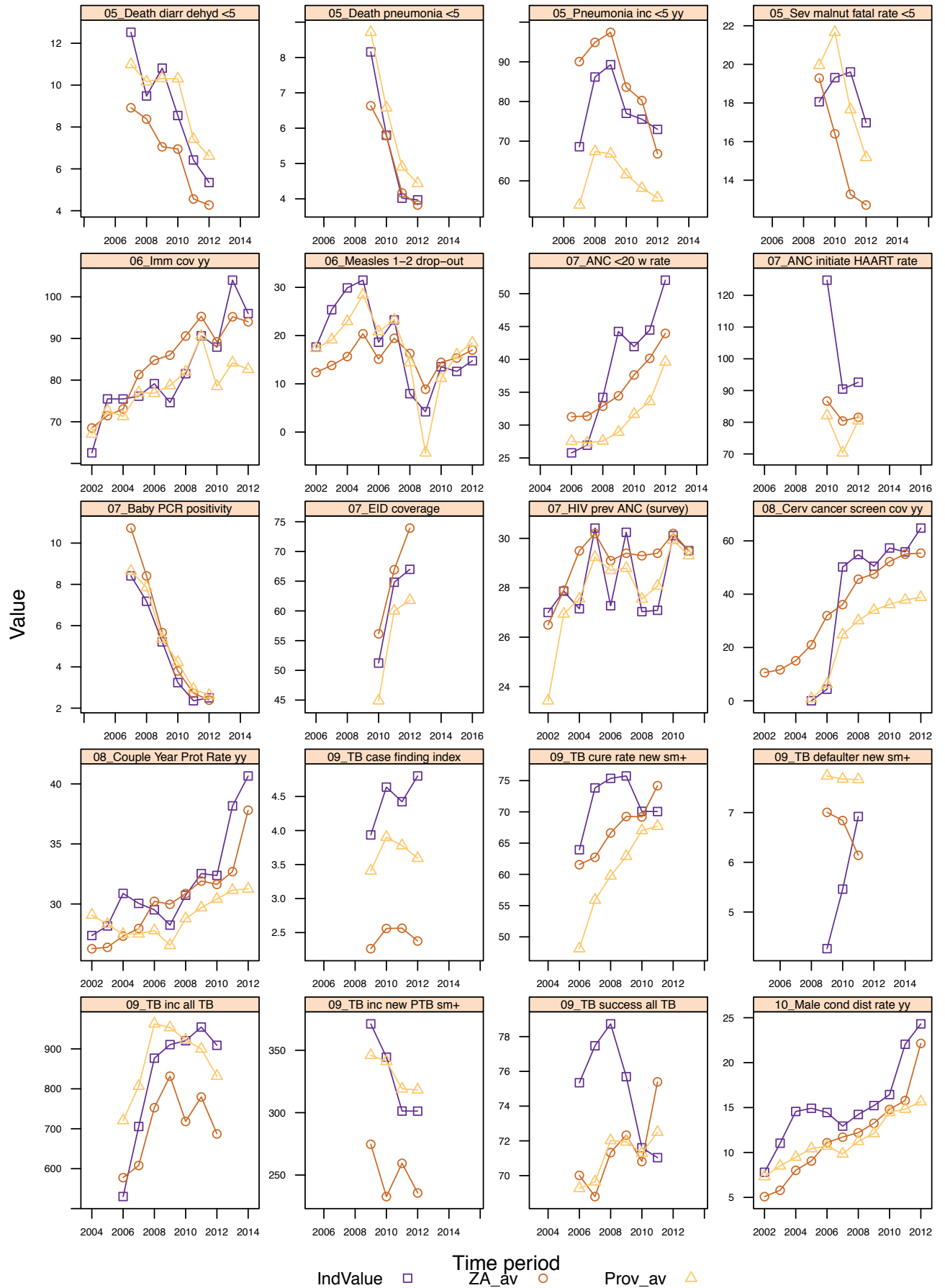
The TB incidence (all cases) was 908.9 per 100 000 people, and was well above the provincial and national averages of 831.7 and 687.3 per 100 000 people respectively. The TB case finding index was 4.8%. The number of cases diagnosed with TB (new pulmonary smear-positive) decreased slightly from 2 329 in 2011 to 2 319. The TB incidence (new pulmonary smear-positive) remained stable at 301.2 per 100 000 people, and was above the national incidence of 235.7. The TB (new pulmonary smear-positive) cure rate was 70.1% for the past two years. The new TB (new pulmonary smear-positive) defaulter rate was 6.9% and above the national rate of 6.1%. The TB treatment success rate (all TB) was 71.0%.

The male condom distribution coverage increased from 16.4 in 2010/11 to 24.3 condoms per male 15 years and older; this was the highest in the province and above the national average of 22.1 condoms. The total number of adults remaining on ART at end of the month increased from 18 493 at the end of 2011/12 to 25 863 by the end of 2012/13. The total number of children under 15 years remaining on ART at end of the month also increased from 1 308 to 1 708 in the same period.

Annual indicators for district: Chris Hani: DC13



Annual indicators for district: Chris Hani: DC13



Joe Gqabi District Municipality

Naomi Massyn

Joe Gqabi District in the Eastern Cape has an estimated medical scheme coverage of 5.0%.

The proportion of district health services expenditure on district management dropped from 13.2% in 2011/12 to 10.7% in 2012/13. However, this was still well above the provincial average of 7.2% and the national average of 5.8%. The proportion of total district expenditure on primary health care (PHC) increased from 31.7% to 34.8% in the same period, but this was the lowest proportion in the province and well below the national average of 56.7%. The percentage expenditure on district hospitals, of which there are 11 in the district, was 54.5% – the highest proportion provincially.

The PHC supervisor visit rate (fixed clinic/CHC/CDC) was 83.2% and well above the national average of 76.0%.

The inpatient bed utilisation rate has declined to 68.5%, in line with the national (67.3%) rate. The average length of stay has been fluctuating between 5.3 and 5.9 days over the past eight years, and was 5.3 days in 2012/13. The expenditure per patient day equivalent was R1 912, the second highest in the province and above the national average of R1 823. The ratio of ambulatory to inpatient days increased from 0.5 to 0.8. The OPD new client not referred rate was 76.0%, the second highest in the province and well above the national (64.1%) rate. This indicates that a high proportion of patients seen at the emergency units and/or the outpatient departments, bypass PHC facilities and access the district hospitals directly.

The delivery by Caesarean section rate remained stable at 10.3% and was the lowest in the province, and also well below the national rate of 20.8%. The delivery in facility under 18 years rate was 10.9% and above the national rate of 7.7%. The facility maternal mortality ratio increased from 121.0 per 100 000 live births in 2011/12 to 140.3, and was above the national ratio of 132.9 per 100 000. The stillbirth in facility rate was the second lowest in the province at 17.6 per 1 000 births and the long-term trend suggests that this rate is declining. The inpatient early neonatal death rate was 10.0 per 1 000 live births.

The antenatal 1st visit before 20 weeks rate was 44.0%, an increase from 40.4% in 2011/12 and on par with the national rate. The 2011 National Antenatal Sero-prevalence Survey showed that the HIV prevalence was 29.9%, the second highest in the province. The antenatal client initiated on ART rate was 77.6% and increased from 66.7% in 2011/12. This was, however, still well below the national rate of 81.6%.

Data from the National Health Laboratory Services (NHLS) showed that the early infant HIV diagnosis coverage of 86.2% was the highest provincially and well above the national coverage of 73.9%. The NHLS infant 1st PCR test positive for infants under two months of age at 1.7% was in line with the results from the DHIS for PCR test positive around 6 weeks rate of 1.6%, making Joe Gqabi the fifth best performing district regarding prevention of HIV transmission to infants.

The immunisation coverage under 1 year of 98.4% was the second best provincially and was above the national coverage of 94.0%. The measles 1st to 2nd dose drop-out rate was 17.8%, at the same level as the national rate of 17.0%.

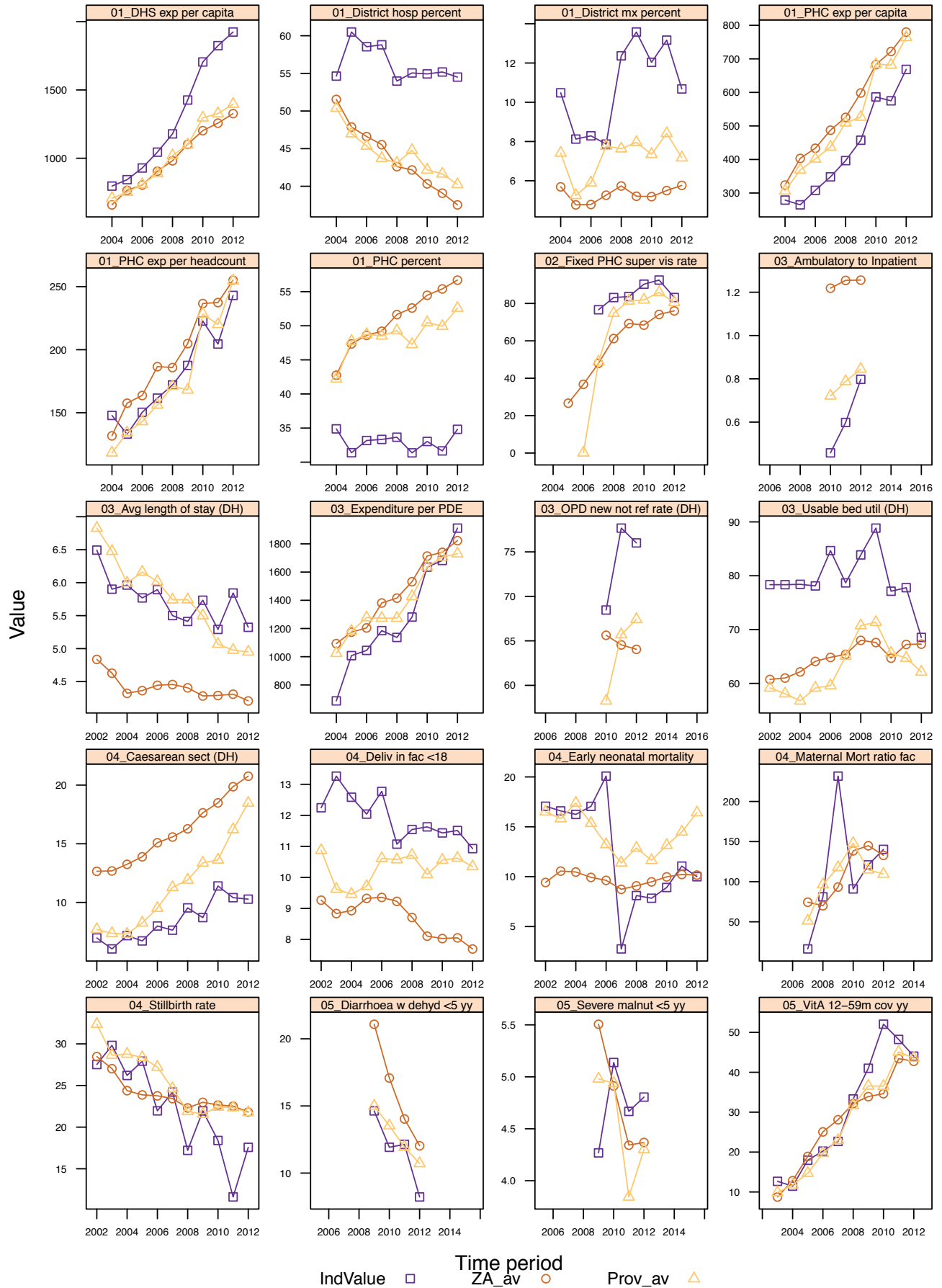
At 8.2 episodes per 1 000 children, the child under 5 years diarrhoea with dehydration incidence was the second lowest in the province and decreased from 12.1 per 1 000 in 2011/12. The child under 5 years diarrhoea case fatality rate was 6.4%, and above the national rate of 4.3%. The child under 5 years pneumonia incidence was 52.2 cases per 1 000 children and was below the national (66.8) incidence, whilst the child under 5 years pneumonia case fatality rate at 9.3% was the highest in the province. The child under 5 years severe acute malnutrition incidence was 4.8 per 1 000 children. The child under 5 years severe acute malnutrition case fatality rate was 14.3% and above the national rate of 12.7%. The vitamin A coverage 12 to 59 months was 44.0%.

The cervical cancer screening coverage of 56.2% was the second highest in the province and increased from 48.5% in 2011/12. At 38.3%, the couple year protection rate was seven percentage points higher than the provincial rate.

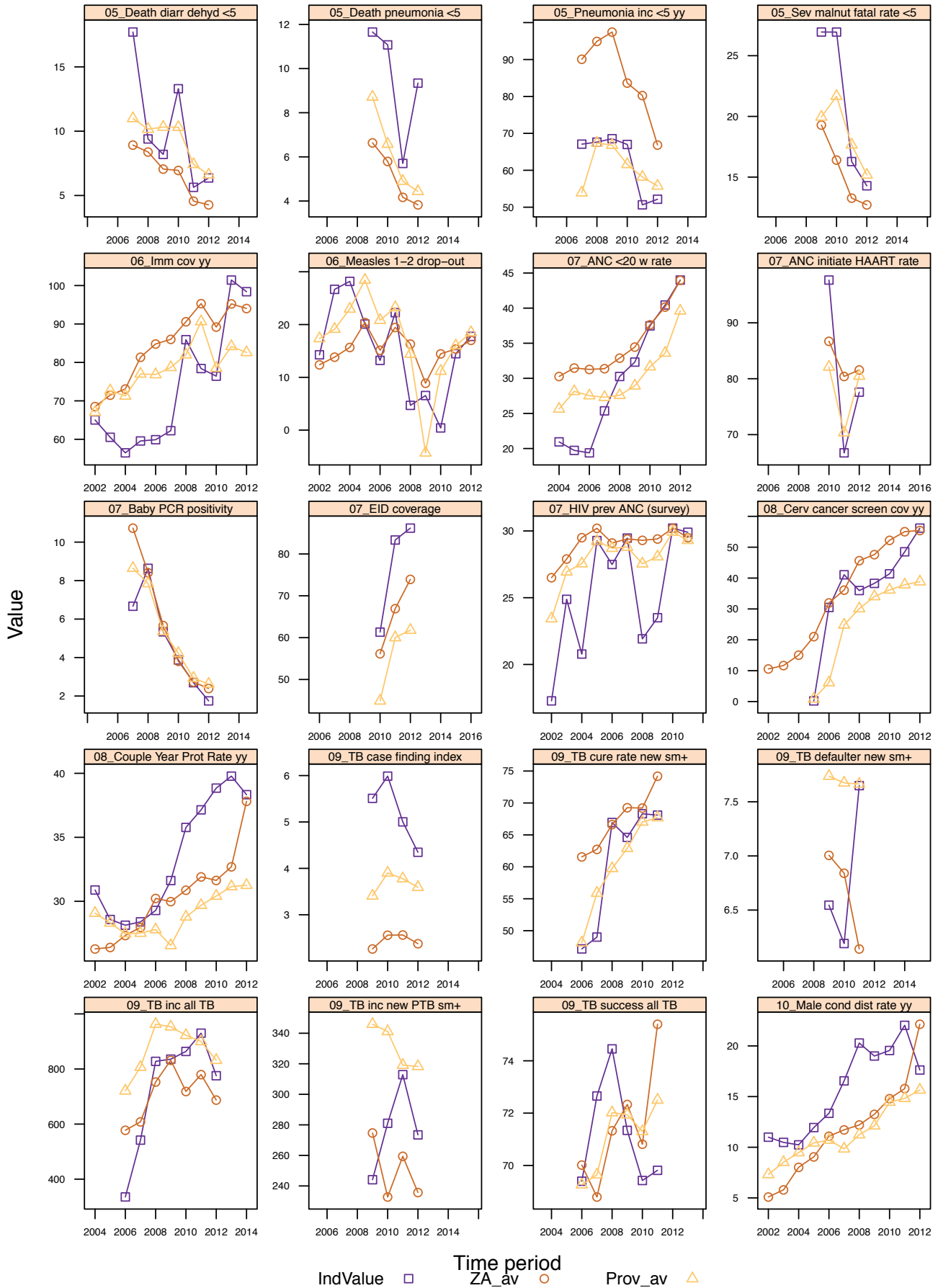
The TB incidence (all cases) was 775.5 per 100 000 people, and was below the provincial average of 831.7 per 100 000 people. The TB case finding index was 4.3%. The number of cases diagnosed with TB (new pulmonary smear-positive) decreased from 1 052 in 2011 to 916, resulting in a decrease in the TB incidence (new pulmonary smear-positive) from 312.9 per 100 000 people to 273.4, but still above the national incidence of 235.7. The TB (new pulmonary smear-positive) cure rate was 68.1% and the TB (new pulmonary smear-positive) defaulter rate was 7.6%, above the national rate of 6.1%. The TB treatment success rate (all TB) remained stable at 69.8%.

The male condom distribution coverage decreased from 22.0 condoms per male 15 years and older in 2011/12 to 17.6 condoms, below the national coverage of 22.1 condoms. The total number of adults remaining on ART increased from 10 473 at the end of 2011/12 to 12 865 by the end of 2012/13. The total number of children under 15 years remaining on ART also increased from 812 to 908 in the same period.

Annual indicators for district: Joe Gqabi: DC14



Annual indicators for district: Joe Gqabi: DC14



OR Tambo District Municipality

Vuyokazi Ntshakaza

OR Tambo District is the largest in the Eastern Cape and has an estimated medical scheme coverage of 4.6%. The district is also one of the 11 National Health Insurance (NHI) pilot districts.

The proportion of district expenditure on primary health care (PHC) was 55.9%, with the proportion of district health services expenditure on district management at 6.9%. The proportion of district expenditure on district hospitals remained stable at 37.1%, similar to the provincial average of 40.2% and the national average of 37.5%.

The PHC supervisor visit rate (fixed clinic/CHC/CDC) rate of 83.5% was above the provincial (80.5%) and the national (76.0%) averages.

The inpatient bed utilisation rate was 59.4% and below the national average of 67.3%. The average length of stay has almost halved since 2002/03 to 5.5 days in 2012/13, while the average expenditure per patient day equivalent was R1 645. The ratio of ambulatory to inpatient days was 0.8, and indicates that more patients are admitted as inpatients than are seen at the emergency units and/or the outpatient departments. The OPD new client not referred rate was 48.1% and was below the provincial (67.4%) and national (64.1%) rates. This indicates that a relatively lower percentage of clients bypass PHC facilities and access district hospitals directly.

The delivery by Caesarean section rate has increased annually from 12.2% in 2010/11 to 18.8% in 2012/13. The delivery in facility under 18 years rate was 12.9%, well above the national rate of 7.7%. The maternal mortality ratio in facility decreased from 88.8 per 100 000 live births in 2011/12 to 68.5 per 100 000 live births in 2012/13. The stillbirth in facility rate was 28.4 per 1 000 births, the second highest nationally; the district has also ranked as having the highest stillbirth in facility rate in the province for the past six years. The inpatient early neonatal death rate of 20.3 per 1 000 live births is the second highest in the country and the highest among the NHI districts.

The antenatal 1st visit before 20 weeks rate increased from 19.5% in 2009/10 to 31.5% in 2012/13. This was, however, the lowest in the province, below the national average of 44.0%, and the lowest among the NHI districts. The 2011 National Antenatal Sero-prevalence Survey shows a drop in the HIV prevalence among antenatal clients tested, from 31.3% in 2010 to 28.4% in 2011. The antenatal client initiated on ART rate increased to 86.2% in 2012/13, a huge improvement from 58.8% in 2011/12. This was also above the national average of 81.6%.

Data from the National Health Laboratory Services (NHLS) showed that the early infant HIV diagnosis coverage increased from 38.4% in 2010/11 to 60.3% in 2012/13. However, this was well below the national coverage of 73.9%. The infant 1st PCR test positive around 6 weeks rate (DHIS data) was 3.4%, a decrease from 10.5% in 2008/09, but above the national average of 2.5%. This was just below the proportion of PCR tests HIV positive for infants under two months of age (NHLS data) of 3.7%. Both data sources therefore indicate high levels of HIV transmission to infants, in excess of the target of 3.0%.

The immunisation coverage under 1 year decreased from 90.3% in 2011/12 to 73.6% in 2012/13. It was the fourth lowest in the country and the second lowest among the NHI districts. The measles 1st to 2nd dose drop-out rate was 27.3%, the poorest in the country.

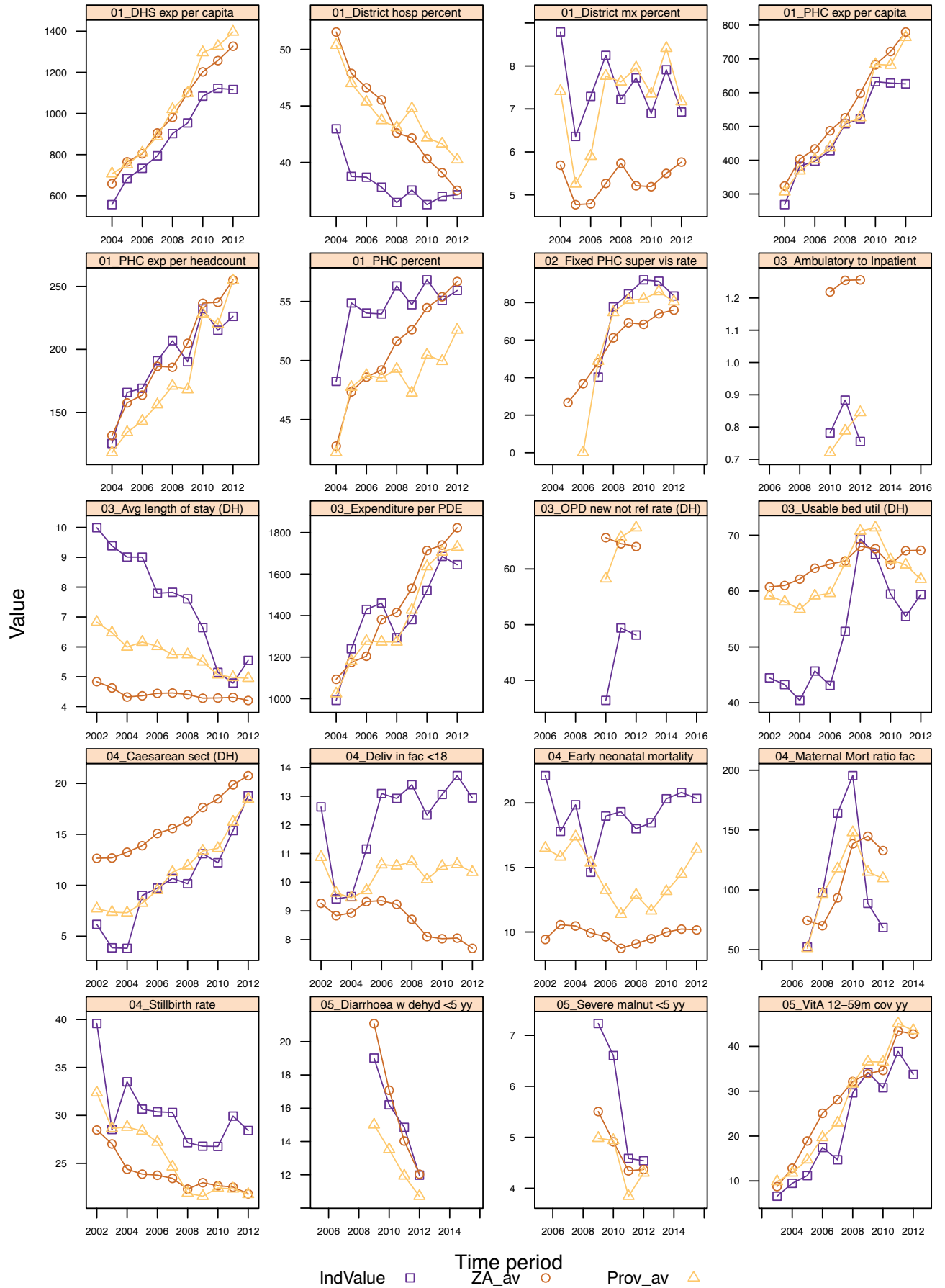
The child under 5 years diarrhoea with dehydration incidence decreased from 19.0 episodes per 1 000 children under 5 years in 2009/10 to 12.0 in 2012/13, and was on par with the national incidence of 12.0 episodes per 1 000 children. At 15.1%, the child under 5 years diarrhoea case fatality rate was the highest in the province and the country. However, this rate has decreased annually over the years since 2008/09 when it was 25.2%. The child under 5 years pneumonia incidence increased from 44.2 cases per 1 000 children in 2011/12 to 45.0, and the child under 5 years pneumonia case fatality rate was 8.6%, the fourth highest in the country and the highest among the 11 NHI districts. However, the rate has decreased annually since 2009/10 when it was 20.7%. The child under 5 years severe acute malnutrition incidence was 4.5 per 1 000 children. At 21.4%, the child under 5 years severe acute malnutrition case fatality rate was the highest in the province and the fifth highest in the country. The vitamin A coverage in children aged 12 to 59 months was 33.8%, the lowest in the province and lower than the national average of 42.8%.

At 24.1%, the cervical cancer screening coverage was the lowest in the province and the second lowest nationally. The couple year protection rate was 27.7%.

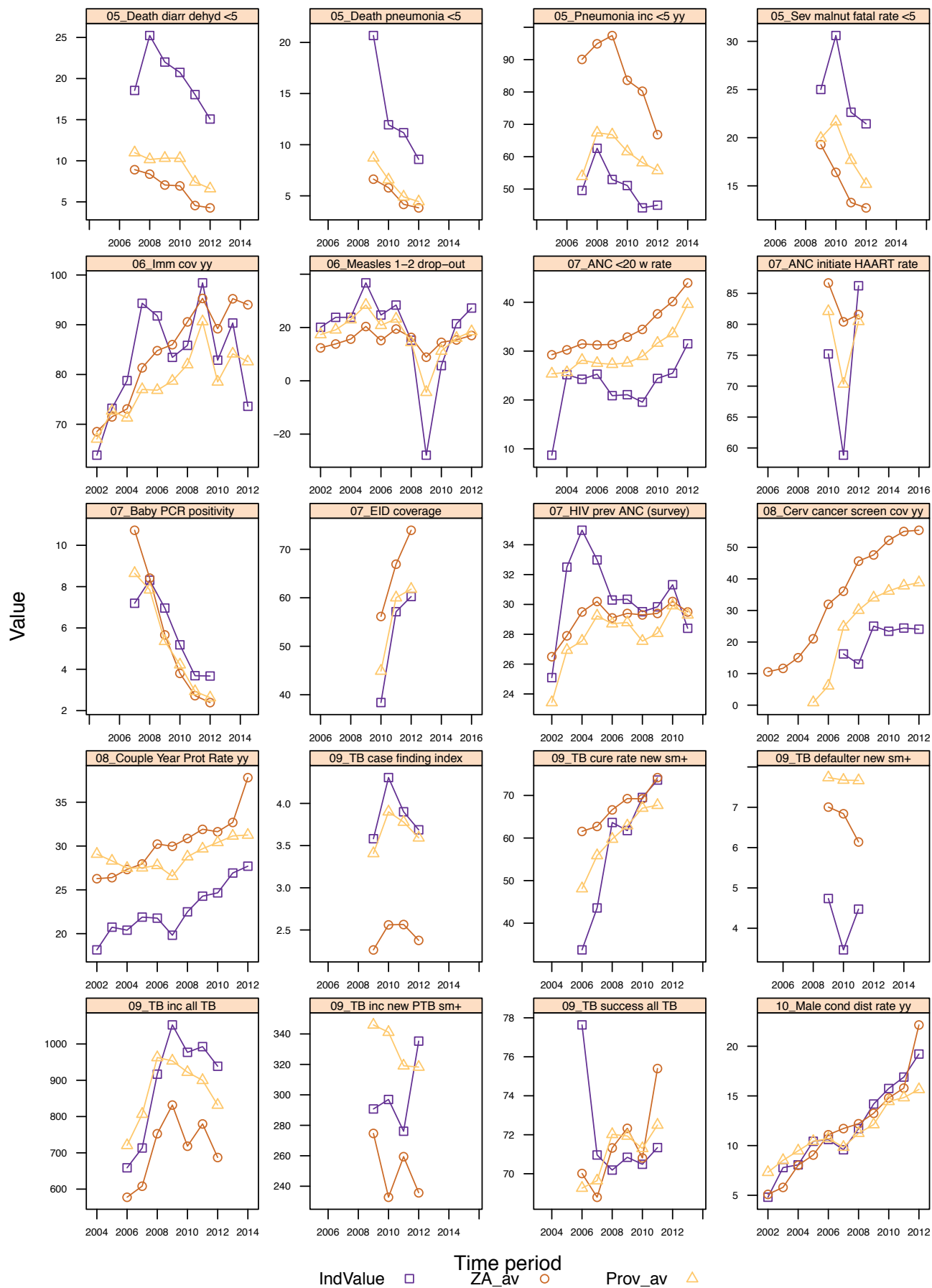
The TB incidence (all cases) was 938.6 per 100 000 people. This was well above the national average of 687.3 and the provincial incidence of 831.7, and was the second highest incidence among the NHI districts. The TB case finding index was 3.7%. The number of cases diagnosed with TB (new pulmonary smear-positive) increased from 3 737 in 2011 to 4 555, resulting in a TB incidence (new pulmonary smear-positive) of 335.3 per 100 000 people. The TB (new pulmonary smear-positive) cure rate increased annually from 61.8% in 2009 to 73.6% in 2011, but was still below the national rate of 74.2%. The new TB (new pulmonary smear-positive) defaulter rate was 4.5% and the lowest in the province, and the TB treatment success rate (all TB) was 71.3%.

The male condom distribution coverage was 19.2 condoms per male 15 years and older. The total number of adults remaining on ART at end of the month increased from 40 392 at the end of 2011/12 to 51 097 by the end of 2012/13. The total number of children under 15 years remaining on ART at end of the month also increased from 1 848 to 3 134 in the same period, and OR Tambo District had the most children on ART.

Annual indicators for district: OR Tambo: DC15



Annual indicators for district: OR Tambo: DC15



Alfred Nzo District Municipality

Vuyokazi Ntshakaza

Alfred Nzo District in the Eastern Cape has an estimated medical scheme coverage of 3.5%, the lowest in the country.

The proportion of district expenditure on primary health care (PHC) was 41.2%, with the proportion of district health services expenditure on district management at 6.1%. The proportion of district expenditure on district hospitals remained stable at 52.8% and was above the provincial average of 40.2% and the national average of 37.5%.

The PHC supervisor visit rate (fixed clinic/CHC/CDC), at 86.4%, was above the provincial (80.5%) and national (76.0%) averages.

The inpatient bed utilisation rate was 66.2%, marginally below the national average of 67.3%. The average length of stay was 5.5 days, while the average expenditure per patient day equivalent (PDE) was R1 586. The ratio ambulatory to inpatient days was 1.1 and the OPD new client not referred rate was 62.4%. The latter indicates that a relatively higher percentage of clients bypass PHC facilities and access district hospitals directly.

The delivery by Caesarean section rate has increased from 15.1% in 2010/11 to 18.5% in 2012/13. The delivery in facility under 18 years rate was 13.4%, the highest provincially and well above the national rate of 7.7%. The maternal mortality ratio in facility decreased from 153.7 per 100 000 live births in 2011/12 to 55.5 per 100 000 live births in 2012/13. The ratio has varied between 103.5 and 153.7 per 100 000 live births over the previous four years, and the decrease to 55.5 should be verified. The stillbirth in facility rate increased slightly from 17.3 per 1 000 births in 2011/12 to 18.1 per 1 000 births in 2012/13 – below the national average of 21.8 per 1 000 births. The inpatient early neonatal death rate of 10.9 per 1 000 live births was just above the national average of 10.2 per 1 000 live births.

The antenatal 1st visit before 20 weeks rate increased annually from 22.1% in 2009/10 to 32.6%. This was, however, below the national average of 44.0%. The 2011 National Antenatal Sero-prevalence Survey shows a drop in the HIV prevalence among antenatal clients tested from 30.1% in 2010 to 28.9% in 2011. The antenatal client initiated on ART rate increased to 87.4% in 2012/13, a huge improvement from 68.3% in 2011/12, and also above the national average of 81.6%.

Data from the National Health Laboratory Services (NHLS) showed that the early infant HIV diagnosis coverage increased from 28.6% in 2010/11 to 33.2% in 2012/13, but was the lowest in the country, well below the national coverage of 73.9%. The infant 1st PCR test positive around 6 weeks rate was 3.6% (DHIS data), a decrease from 8.7% in 2009/10. It was, however, above the national average of 2.5%, and was also above the proportion of PCR tests HIV positive for infants under two months of age (NHLS data) of 2.8%.

The immunisation coverage under 1 year increased from 55.2% in 2011/12 to 69.7% in 2012/13, but was well below the national average of 94.0%. The measles 1st to 2nd dose drop-out rate was 17.9%, the second highest provincially and above the national average of 17.0%.

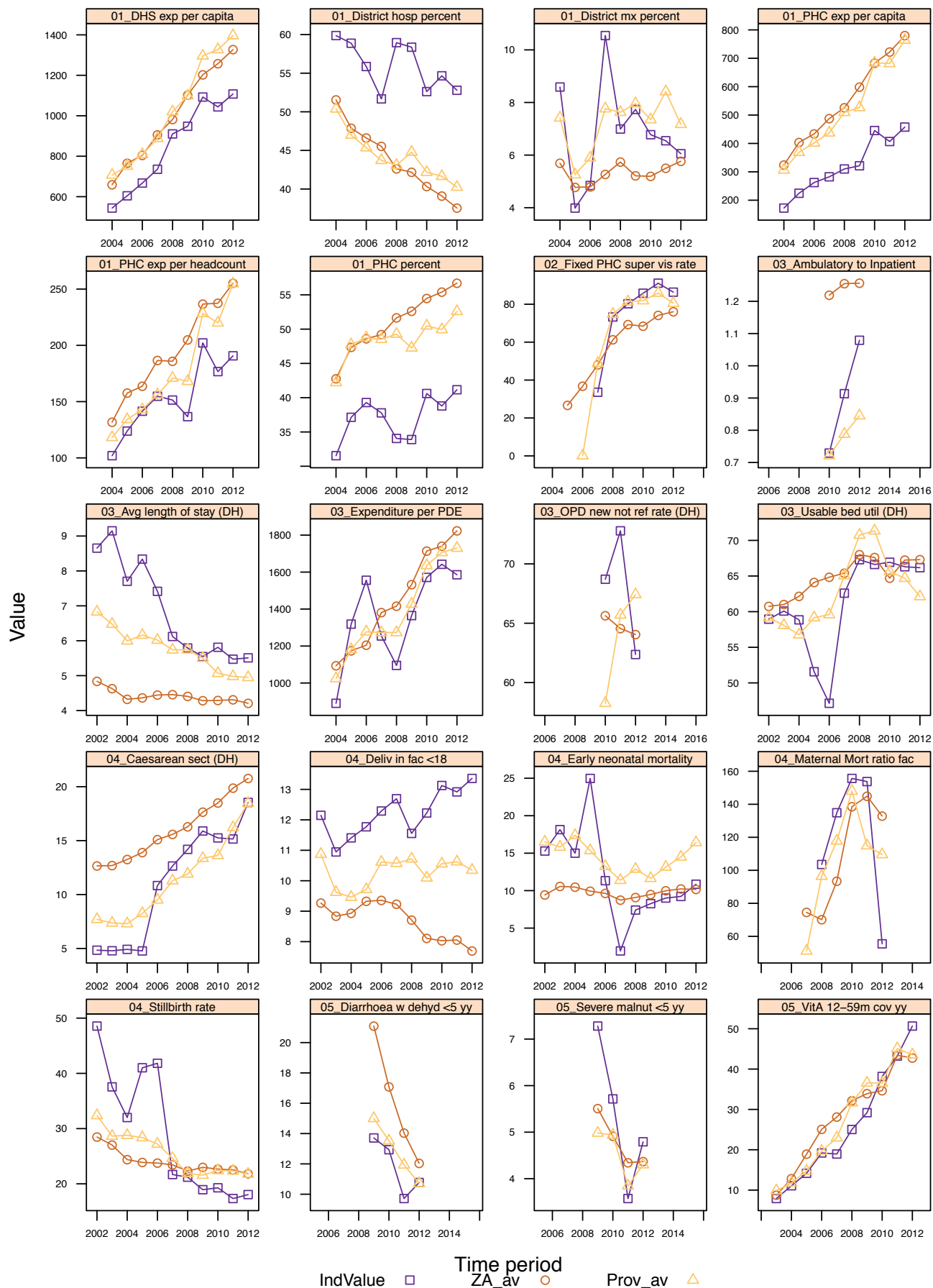
The child under 5 years diarrhoea with dehydration incidence decreased from 13.7 episodes per 1 000 children in 2009/10 to 9.7 episodes per 1 000 children in the following years, and then increased to 10.8 in 2012/13. At 11.6%, the child under 5 years diarrhoea case fatality rate was the second highest in the province and the country. However, this rate has decreased annually since 2010/11 when it was 21.2%. The child under 5 years pneumonia incidence decreased from 79.6 cases per 1 000 children in 2009/10 to 44.1, and the child under 5 years pneumonia case fatality rate was 8.2%, the third highest in the province. The child under 5 years severe acute malnutrition incidence was 4.8 cases per 1 000 children, while the child under 5 years severe acute malnutrition case fatality rate was 17.6%. The vitamin A coverage in children aged 12 to 59 months was 50.7%, the second highest in the province and higher than the national average of 42.8%.

At 29.8%, the cervical cancer screening coverage was the second lowest in the province and decreased from 32.3% in 2011/12. The couple year protection rate was 23.7%, being the lowest provincially and well below the national rate of 37.8%.

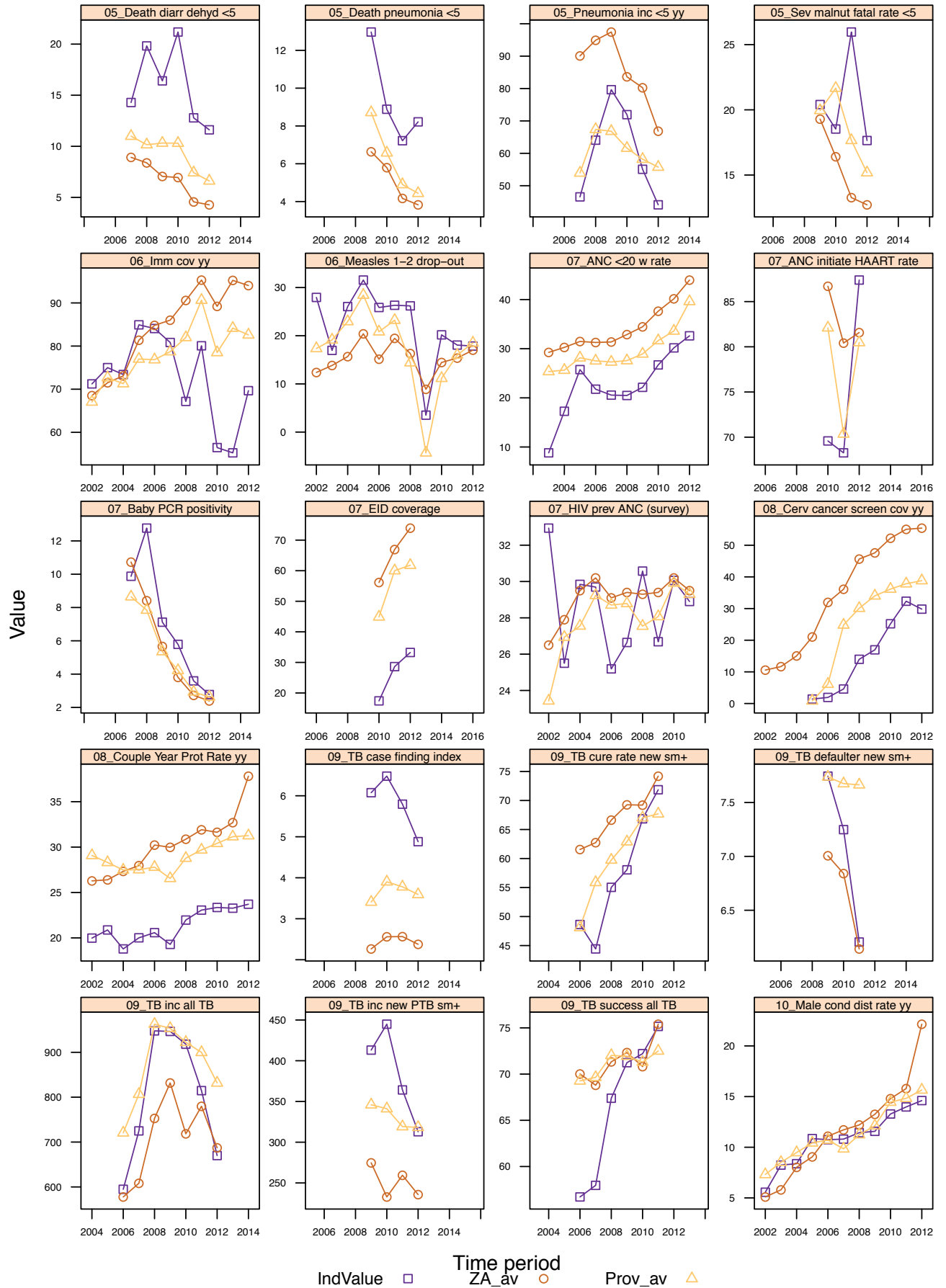
The TB incidence (all cases) was 670 per 100 000 people and below the national incidence of 687.3 and the provincial incidence of 831.7. The TB case finding index was 4.9%, the highest in the province. The number of cases diagnosed with TB (new pulmonary smear-positive) decreased from 2 924 in 2011 to 2 523, thus the TB incidence (new pulmonary smear-positive) decreased from 364.2 per 100 000 to 312.8 in the same period. The TB (new pulmonary smear-positive) cure rate increased annually from 44.4% in 2007 to 71.9% in 2011, but was still below the national rate of 74.2%. The TB (new pulmonary smear-positive) defaulter rate was 6.2%, the second lowest in the province. The TB treatment success rate (all TB) was 75.2%.

The male condom distribution coverage was 14.6 condoms per male 15 years and older, below the provincial coverage of 15.7 condoms and the national coverage of 22.1 condoms. The total number of adults remaining on ART at end of the month increased from 23 711 at the end of 2011/12 to 28 079 by the end of 2012/13. The total number of children under 15 years remaining on ART at end of the month also increased from 1 717 to 2 612 in the same period.

Annual indicators for district: Alfred Nzo: DC44



Annual indicators for district: Alfred Nzo: DC44



Nelson Mandela Bay Metropolitan Municipality

Naomi Massyn

Nelson Mandela Bay Metropolitan District in the Eastern Cape has an estimated medical scheme coverage of 29.4%, the highest in the province.

At 4.4%, the proportion of district health services expenditure on district management was the lowest in the province. The proportion of total district expenditure on primary health care (PHC) was the second highest in the province at 71.7%, and well above the national average of 56.7%. The percentage expenditure on district hospital services was 23.9% and the second lowest percentage provincially.

The PHC supervisor visit rate (fixed clinic/CHC/CDC) was the lowest in the province at 63.8% and well below the national average of 76.0%.

The inpatient bed utilisation rate was 67.1% and in line with the national (67.3%) rate. The average length of stay was one of the shortest in the province at 3.6 days. The expenditure per patient day equivalent at R2 573 was the highest in the province and well above the national average of R1 823. The ratio of ambulatory to inpatient days was 0.6 and this indicates that substantially more patients are admitted as inpatients than are seen at the emergency units and/or the outpatient departments (OPD). The OPD new client not referred rate was 22.3%, the lowest in the province and well below the national (64.1%) rate. This indicates that a low proportion of patients seen at the emergency units and/or the outpatient departments, bypass PHC facilities and access district hospitals directly.

At 40.1%, the delivery by Caesarean section rate remained the highest in the province and it was almost double the national rate of 20.8%. The delivery in facility under 18 years rate was 7.1% and just below the national rate of 7.7%. The facility maternal mortality ratio increased from 117.5 per 100 000 live births in 2011/12 to 126.0, but was below the national ratio of 132.9 per 100 000 live births. The stillbirth in facility rate was the lowest in the province at 16.8 per 1 000 births, and was below the national rate of 21.8 per 1 000 births. At 27.7 per 1 000 live births, the inpatient early neonatal death rate was the highest provincially and well above the national rate of 10.2 per 1 000 live births.

The antenatal 1st visit before 20 weeks rate was 46.3%, increasing from 41.2% in 2011/12 and was higher than the national rate of 44.0%. According to the 2011 National Antenatal Sero-prevalence Survey, the HIV prevalence among antenatal clients tested was 28.3%, the second lowest in the province. At 94.6%, the antenatal client initiated on ART rate was the highest in the province and increased from 76.9% in 2011/12, also being well above the national rate of 81.6%.

Data from the National Health Laboratory Services (NHLS) showed that the early infant HIV diagnosis coverage was 62.3% and had increased from 58.0% in 2011/12. However, it was still well below the national coverage of 73.9%. The infant 1st PCR test positive around 6 weeks rate (DHIS data) of 2.5% was in line with the proportion of PCR tests HIV positive for infants under two months of age (NHLS data) of 2.6%.

The immunisation coverage under 1 year was 84.8% and below the national coverage of 94.0%. The measles 1st to 2nd dose drop-out rate was 14.3% and below the national rate of 17.0%.

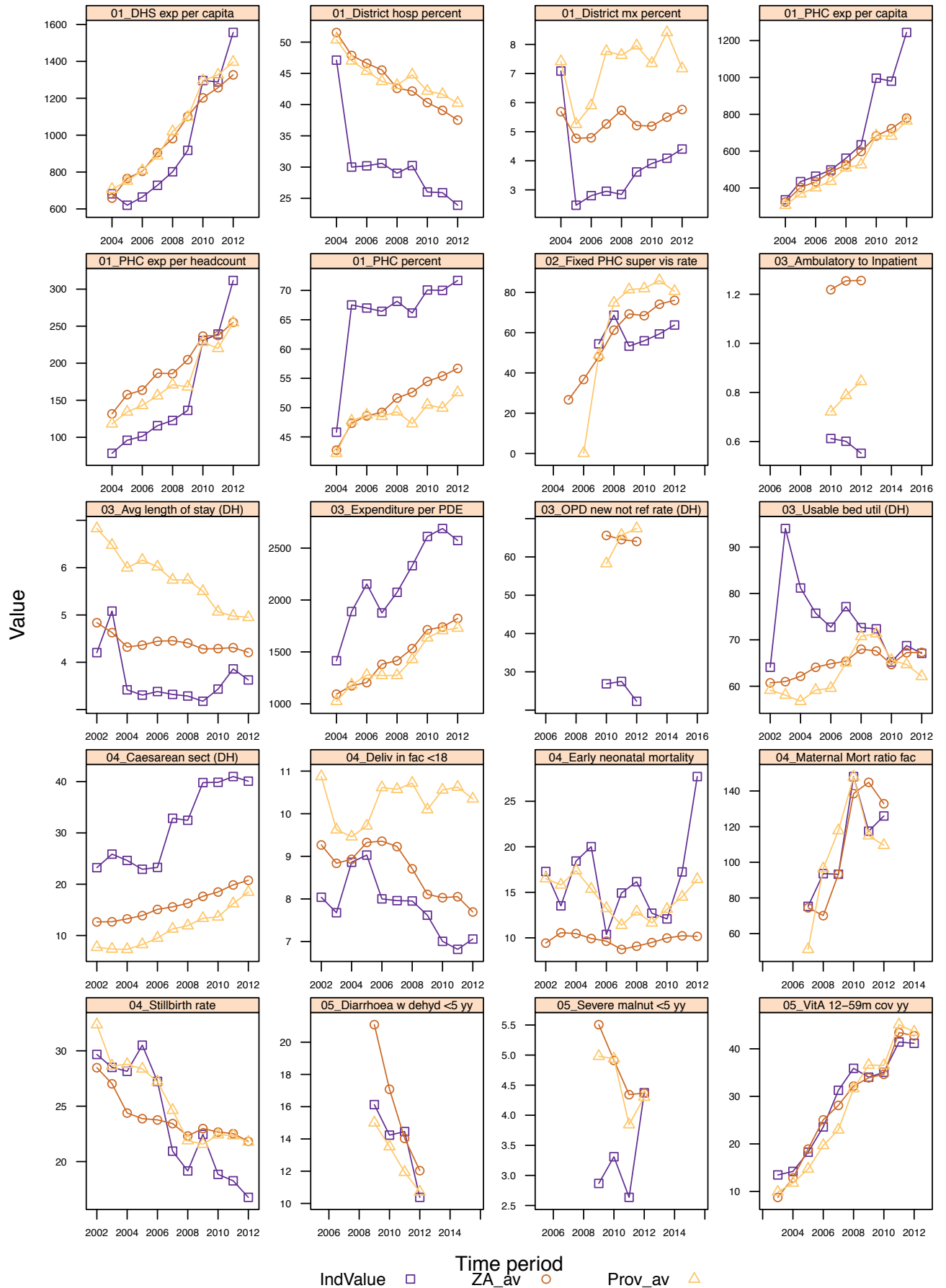
The child under 5 years diarrhoea with dehydration incidence was 10.4 episodes per 1 000 children, having decreased from 14.5 per 1 000 children in 2011/12. The child under 5 years diarrhoea case fatality rate was 3.0%. This was the second lowest in the province and below the national rate of 4.3%. The child under 5 years pneumonia incidence was 65.3 cases per 1 000 children, decreasing from 68.6 in 2011/12. The child under 5 years pneumonia case fatality rate was 3.4% and in line with the national rate of 3.8%. The child under 5 years severe acute malnutrition incidence was 4.4 cases per 1 000 children, whilst the child under 5 years severe acute malnutrition case fatality rate decreased from 12.1% in 2011/12 to 5.1%, which was below the 2012/13 national rate of 12.7%. The vitamin A coverage 12 to 59 months was 41.2%.

The cervical cancer screening coverage was 45.6% and the couple year protection rate was 35.2%.

The TB incidence (all cases) was 949.3 per 100 000 people. This was above the provincial and national averages of 831.7 and 687.3 per 100 000 people respectively. The TB case finding index was 2.2% and the lowest in the province. The number of cases diagnosed with TB (new pulmonary smear-positive) decreased from 4 105 in 2011/12 to 3 941 in 2012/13, resulting in a decrease of the TB incidence (new pulmonary smear-positive) from 356.9 per 100 000 people in 2011/12 to 339.7. This was, however, still above the national incidence of 235.7 per 100 000 people. The TB cure rate (new pulmonary smear-positive) was 66.4% and the TB defaulter rate (new pulmonary smear-positive) 9.6%. The defaulter rate was above the national rate of 6.1%. The TB treatment success rate (all TB) was 72.7%.

The male condom distribution coverage was 14.4 condoms per male 15 years and older. This was well below the national coverage of 22.1 condoms. The total number of adults remaining on ART at end of the month increased by 10 000, from 28 038 at the end of 2011/12 to 38 022 by the end of 2012/13. The total number of children under 15 years remaining on ART at end of the month also increased from 2 296 to 2 486 in the same period.

Annual indicators for district: Nelson Mandela Bay: NMA



Annual indicators for district: Nelson Mandela Bay: NMA

